## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/590737

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
	NATIONAL E	TAGE FEED	(Column	1)	(0	Column 2)	]		FEE	U	RATE	FEE
0.8.	NATIONAL S	TAGE FEES						RATE	FEC		KAIE	FEE
BASI	C FEE		SMALL ENT. =	= \$ 150	LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	30U
EXA	MINATION FEE	=	Satisfies PCT Art (4) = \$50 /	/\$ 100·`	All other situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	250
SEAF	RCH FEE		U.S. is ISA = \$ ! ALL other cour \$ 200 / \$ 4	ntries =	ALL other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA SI	PEC. PGS.	24minu	ıs 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOT/	AL CHARGEAB	LE CLAIMS	/O min	nus 20 =	*	*		X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CLA	AIMS	3 mi	inus 3 =	* _	*		X \$ 100 =		OR	X \$ 200 =	
MUL.	TIPLE DEPEND	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in colu						lumn 2	•	TOTAL		OR	TOTAL	98 D
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
Α F		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ŀ	RATE	ADDI- TIONAL FEE
OME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	,
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
NT B	ļ L	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	. 🔲		+ \$ 180 =		OR	+ \$ 360 =	
	<del>1</del>	. 2					•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
								•		-		
					•							
*	•	lumn 1 is less than th umber Previously Pa	•									
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												